

P 02000084590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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cf 9/23/2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 968006 8104386

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : September 22, 2022

ORDER TIME : 10:20 AM

ORDER NO. : 968006-010

CUSTOMER NO: 8104386

CHANGE OF AGENT

NAME: PLANSOURCE BENEFITS
ADMINISTRATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PLANSOURCE BENEFITS ADMINISTRATION, INC.
2. The principal office address: 101 S. GARLAND AVENUE SUITE 203
ORLANDO, FL 32801
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/05/2002 Document number: P02000084590
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BARNARD, PATRICIA

101 S. GARLAND AVENUE SUITE 203

ORLANDO

FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. The corporation has been notified in writing of the change.

Signature of authorized officer or

Patricia Barnard, CEO
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Corporation Service Company

By: Grace E. Kirby

Signature of Registered Agent

09/22/2022

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst Vice President

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR21 045 004 131

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